



# General Parking Request Form



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employee # \_\_\_\_\_

Job Title \_\_\_\_\_ Department / Work Area \_\_\_\_\_ Ext. \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Job Title \_\_\_\_\_ Ext. \_\_\_\_\_

Work Shift:  Day Shift Hours: \_\_\_\_\_  Evening Shift Hours: \_\_\_\_\_  
 Night Shift Hours: \_\_\_\_\_  Other Shifts Hours: \_\_\_\_\_

Handicapped Permit:  Yes  No Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(Must attach DMV form stating disabled placard is assigned to you)**

	Registered Owner	License Plate	Year	Make	Model
Vehicle 1					
Vehicle 2					
Vehicle 3					

## **ADMINISTRATION USE ONLY**

Initial Assignment		Replacement 1		Replacement 2	
Lot	_____	Lot	_____	Lot	_____
Gate Card	_____	Gate Card	_____	Gate Card	_____
Hang Tag	_____	Hang Tag	_____	Hang Tag	_____
Date Issued	_____	Date Issued	_____	Date Issued	_____

Hangtags must be clearly visible from the front windshield of the vehicles at all times. Failure to properly display hangtag may result in a citation. Parking in lots clearly indicated for patients/visitors is only allowed during posted times and as detailed in OVMC Parking Policy #167.

There will be a charge assessed for parking permits that are lost, stolen or not turned into Administration upon discharged from Olive View-UCLA Medical Center. Fees are to be paid through the Cashier's Office, located in the main Hospital, in the 2<sup>nd</sup> floor lobby, Rm 2A102. **NO REFUNDS.**

**REPLACEMENT FEES:** 1<sup>st</sup> Time - \$25 each for gate card or hang tag 2<sup>nd</sup> Time - \$40 each for gate card or hang tag

**By signing this form, I agree to the following, and understand that receiving a hangtag does not guarantee me a parking space on OVMC grounds.**

- I will contact Hospital Administration at ext. 73300 with any parking problems or questions.
- I will abide by OVMC Parking Policy #167 and I will obey all parking and speed laws while driving on OVMC grounds, or be subject to a citation for parking and/or moving violation. In the event of an accident while on OVMC grounds, I understand I will be required to show my driver's license, vehicle registration, and proof of insurance.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_